

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/776,445	RECEIVED CENTRAL FAX CENTER SEP 28 2004
Filing Date	February 10, 2004	
First Named Inventor	Andrew Phillip Haslan	
Group Art Unit	2171	
Examiner Name	Unassigned	
Attorney Docket Number	20423-08313	

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

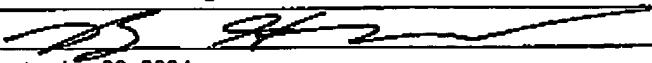
The reasons for this request are:

The client knowingly and freely assents to termination of the employment.

1.  The correspondence address is NOT affected by this withdrawal.
2.  Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	Sonnenschein Nath & Rosenthal LLP				
Address	685 Market Street, 6 <sup>th</sup> Floor				
Address					
City	San Francisco	State	CA	Zip	94105
Country	United States				
Telephone	(415) 882-5000	Fax	(415) 543-5472		

This request is made on behalf of myself and  
 all the attorneys/agents of record,  
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
 the attorneys/agents associated with Customer Number \_\_\_\_\_  
on whose behalf I have signed this request and on whose behalf I am authorized to sign.

Name	Brian M. Hoffman, Reg. No. 39,713		
Signature			
Date	September 28, 2004		

NOTE: Withdrawal is effective when approved rather than when received.  
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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**FACSIMILE TRANSMISSION****CONFIDENTIAL****DATE:** September 28, 2004**CLIENT No.:** 20423**To:**

NAME	FAX NO.	PHONE NO.
Commissioner for Patents - USPTO	(703) 872-9306	

**FROM:** Brian M. Hoffman, Reg. No. 39,713      **PHONE:** (415) 875-2484

NUMBER OF PAGES WITH COVER PAGE: 35	ORIGINAL WILL NOT FOLLOW
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**MESSAGE:**

Attached are Request for Withdrawal as Attorney or Agent in the following patents and applications:

10/216,049	6,016,553	10/639,158	10/741,046	10/881,194
10/364,252	6,199,178	10/667,089	10/814,843	10/870,785
10/334,767	6,240,527	10/645,989	10/902,229	10/895,780
10/411,572	6,732,293	10/754,318	10/832,788	10/927,295
10/392,593	6,363,487	10/819,494	10/830,639	10/934,615
10/425,123	09/719,339	10/776,445	10/852,773	
10/455,014	09/856,331	10/775,471	10/892,873	

**CAUTION - CONFIDENTIAL**

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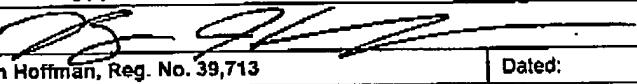
IF YOU DO NOT RECEIVE ALL OF THE PAGES, OR IF THEY ARE NOT CLEAR,  
 PLEASE CALL Larisa Burshteyn AT (650) 943-5373 AS SOON AS POSSIBLE.

0001/PTO Rev. 10/95	U.S. Department of Commerce Patent and Trademark Office		Patent Number	N/A
<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence during pendency of filed application)</i>		Issue Date	N/A	
		First Named Inventor	N/A	
		Application Number	N/A	
		Filing Date	N/A	
		Total Number of Pages in This Submission	32	Attorney Docket Number

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form (in duplicate)	<input checked="" type="checkbox"/> Request for Withdrawal as Attorney or Agent in Patent and Application Nos.		
<input type="checkbox"/> Check Enclosed	10/216,049	10/639,158	10/870,785
<input type="checkbox"/> Return Receipt Postcard	10/364,252	10/667,089	10/895,780
<input type="checkbox"/> Response to Notice to File Missing Parts	10/334,767	10/645,989	10/927,295
<input type="checkbox"/> Assignment & Recordation Cover Sheet	10/411,572	10/754,318	10/934,615
<input type="checkbox"/> Declaration	10/392,593	10/819,494	
<input type="checkbox"/> Power of Attorney	10/425,123	10/776,445	
<input type="checkbox"/> Application Data Sheet	10/465,014	10/775,471	
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A	6,016,553	10/741,046	
<input type="checkbox"/> Copies of IDS Cited References	6,199,178	10/814,843	
<input type="checkbox"/> Request for Corrected Filing Receipt	6,240,527	10/902,229	
<input type="checkbox"/> Request for Correction of Recorded Assignment	6,732,293	10/832,788	
<input type="checkbox"/> Amendment/Response: [ ] Page(s)	6,363,487	10/830,639	
<input type="checkbox"/> After Final	09/719,339	10/852,773	
<input type="checkbox"/> Status Request	09/856,331	10/892,873	
<input type="checkbox"/> Revocation and Substitute Power of Attorney		10/881,194	

**REMARKS:****SIGNATURE OF ATTORNEY OR AGENT**

Signature:			
Attorney/Reg. No.:	Brian Hoffman, Reg. No. 39,713	Dated:	September 28, 2004

**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.

Signature:			
Typed or Printed Name:	Brian Hoffman	Dated:	September 28, 2004
Facsimile Number:	1-703-872-9306		